



Wisconsin Birth to 3 Program REQUEST FOR A HEARING

Send one copy to: Birth to 3 Program, Department of Health & Family Services, PO Box 7851, Madison WI 53707-7851

This form has been developed to assist parents in requesting a hearing in writing. Use of this *Request for a Hearing* form is voluntary. However, using this form assures that the required written information is received and that the hearing occurs in a timely manner.

Complete two copies of this form. Provide all the information requested. Send one copy to the address above. Keep one copy for your records. You will be contacted by the Department regarding your hearing request.

Name of child*	County responsible for early intervention services
Name of the party requesting the hearing*	Relationship to the child
Address of the party requesting the hearing*	Daytime telephone number*

*This confidential information is required to arrange for the hearing and will only be used for that purpose. Any information given during the hearing process is confidential unless the parent requests that the hearing be open to the public.

State the specific reasons for requesting a hearing. Include a description of the nature of the dispute, including facts relating to the problem. *Use additional sheets or back if necessary*

Propose a resolution of the problem, to the extent known at this time. *Use additional sheets or back if necessary.*

Signature of party requesting the hearing

Date

For additional information, contact the Birth to 3 Program: (608) 266-8276

For DHFS Use: Date Received	Hearing Date
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